March 20, 2020

H.R. 6201, the Families First Coronavirus Response Act, was passed by Congress and signed by the President Donald Trump Wednesday. Below you will find answers to key questions about the bill.

When does HR 6201 go into effect?
The bill became law Wednesday, once it was signed by the President.

What kind of leave does HR 6201 provide to employees of local governments?
Families First Coronavirus Response Act provides two types of leave options to employees—emergency paid sick leave and emergency paid family leave.

Are Local government employees eligible for both types of leave policies?
Yes, under HR 6201 Local government employees are eligible for both leave policies.

What is an employee entitled to under the paid sick leave provision?
Full time employees are entitled to two weeks of full paid time off (up to $511 per day) to self quarantine, seek a diagnosis or preventative care, or received treatment for COVID-19. Part-time employees are entitled to fully paid time off (up to $511 per day) for the typical number of hours that they work in a typical two-week period to self-quarantine to seek a diagnosis or preventive care, or receive treatment for COVID-19.

Full time employees are also entitled to two-weeks time off at two-thirds of regular salary (up to $200 per day) to care for a family member or to care for a child whose school has closed, or if their child care provider is unavailable due to COVID-19.

What is an employee entitled to under the Emergency Paid Family Leave?
Full-time employees and part-time employees are entitled to 12 weeks of job-protected leave to take care for their children in the event of a school closure or their child care provider is unavailable due to COVID-19.

The 12 weeks of job-protected leave include two weeks of unpaid leave, followed by 10 weeks of paid leave. Eligible employees may elect or be required to overlap the initial two weeks of unpaid leave with two weeks of other paid leave they have available. Eligible employees will receive a benefit from their employers that will be no less than two-thirds of the employee’s usual pay.

Who Pays for the Emergency Paid Sick Leave and the Emergency Paid Family Leave?
MOST employers will front the cost for both types of leaves but will be fully reimbursed. However, this is not the case for local governments. Sections 7001(e)(4) and 7003(e)(4) of HR 6201 prohibit local governments from receiving the tax credits that most other employers, whether non-profit or for-profit, get. Therefore, the cost of this additional leave will be fully borne by local governments.

Could State Leagues Be Caught Up in This Mandate?
The language in 7001(e)(4) and 7003(e)(4) says: “The government of any State or political subdivision thereof, or any agency or instrumentality of any of the foregoing” shall not receive the credit. We know of a state league that is an instrumentality for the purposes of participating in its state’s retirement plan. It’s our position that in this case the state league would fall under the mandate.
Are there measures outlined in H.R. 6201 that help minimize food scarcity should a future health outbreak of this magnitude transpire?

The Secretary of Agriculture will submit a report to the U.S. House and Senate Agriculture Committees within 18 months after the public health emergency declaration is lifted.

The report will outline measures taken to address:

1. Food security needs of affected populations during the emergency;
2. Any information or data supporting State agency requests;
3. Any additional measures that States requested that were not approved;
4. Recommendations for changes to the Secretary’s authority under the Food and Nutrition Act of 2008 to assist the Secretary and States and localities in preparations for any future health emergencies.

What can we as state and local governments do to better streamline our emergency response with the federal government’s?

We urge state and local governments receiving funds or assistance pursuant to section 1702 ensure their respective Emergency Operations Center receives real-time aggregated data on testing and results from state and local public health departments. We also ask that such data be sent to the Centers for Disease Control.